

**Patient Transport Log:**

Flight Request: \_\_\_\_\_ Helicopter \_\_\_\_\_ Fixed wing

Requested by: \_\_\_\_\_ Time requested \_\_\_\_\_

Landing Zone: \_\_\_\_\_ Destination: \_\_\_\_\_

**Flight calls:** Flight time \_\_\_\_\_ minutes ETA \_\_\_\_\_ military time

Made to: \_\_\_\_\_ Time: \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

Phone # \_\_\_\_\_ Spoke to: \_\_\_\_\_

By: \_\_\_\_\_ Will call us back: Yes \_\_\_\_\_ No \_\_\_\_\_

Made to: \_\_\_\_\_ Time: \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

Phone # \_\_\_\_\_ Spoke to: \_\_\_\_\_

By: \_\_\_\_\_ Will call us back: Yes \_\_\_\_\_ No \_\_\_\_\_

Made to: \_\_\_\_\_ Time: \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

Phone # \_\_\_\_\_ Spoke to: \_\_\_\_\_

By: \_\_\_\_\_ Will call us back: Yes \_\_\_\_\_ No \_\_\_\_\_

**Reasons for no response or delays in transfers:**

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**Calls for receiving facility:**

Made to: \_\_\_\_\_ Time called: \_\_\_\_\_

Willing to receive: Yes \_\_\_\_\_ No \_\_\_\_\_ Receiving provider: \_\_\_\_\_

Made to: \_\_\_\_\_ Time called: \_\_\_\_\_

Willing to receive: Yes \_\_\_\_\_ No \_\_\_\_\_ Receiving provider: \_\_\_\_\_

Made to: \_\_\_\_\_ Time called: \_\_\_\_\_

Willing to receive: Yes \_\_\_\_\_ No \_\_\_\_\_ Receiving provider: \_\_\_\_\_

**Calls for ground ambulance:**

Made to: \_\_\_\_\_ Time called: \_\_\_\_\_

Responding: Yes \_\_\_\_\_ No \_\_\_\_\_ ETA \_\_\_\_\_

Made to: \_\_\_\_\_ Time called: \_\_\_\_\_

Responding: Yes \_\_\_\_\_ No \_\_\_\_\_ ETA \_\_\_\_\_

Made to: \_\_\_\_\_ Time called: \_\_\_\_\_

Responding: Yes \_\_\_\_\_ No \_\_\_\_\_ ETA \_\_\_\_\_

**Time left facility:** \_\_\_\_\_

Adapted form from Madison Valley Hospital

10/24/2014